	- DATENT	ADDI ICATIC		ation or Docket Number								
PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000 09/674864												
CLAIMS AS FILED - PART I (Column 1) (Column.2)								LLE	NTITY	OR	OTHER SMALL	
TOTAL CLAIMS					4		R	ATE	FEE	7	RATE	FEE
FOR			NUMBER	FILED	NUME	NUMBER EXTRA		BASIC FEE		OR	BASIC FEE	691
TOTAL CHARGEABLE CLAIMS			mir	us 20=	•		X	XS 9=		OR	X\$18=	72
INDEPENDENT CLAIMS			mi	nus 3 =	•		X	X40=		1	¥00 ·	
ML	ILTIPLE DEPEN	IDENT CLAIM P	RESENT				1		 	OR		2
* If the difference in column 1 is loss than your					**O° in c	1	35=		OR	<u> </u>	αU	
* If the difference in column 1 is less than zero, enter *0* in column 2							TO	TAL		OR	TOTAL	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							SM	ALL	ENTITY	OR	OTHER SMALL I	
A		CLAIMS REMAINING	利用	HIGH	EST	PRESENT			ADDI-			ADDI-
AMENDMENT,	ÿ.	AFTER AMENDMENT		PREVIO	DUSLY	EXTRA	RATE		TIONAL FEE	ŀ	RATE	TIONAL FEE
	Total	. 10	Minus	2		=7	X\$	9=		OR	X\$18=	
	independent	· 2	Minus	*** . '	3	- (-)	X4	0=		OR	X80=	
	FIRST PRESE	NTATION OF MU	JLTIPLE DEP	ENDENT	CLAIM		\vdash			OH		
-And-							+15			OR	+270=	
(Column 3)							ADDIT	OTAL FEE		OR	ADDIT. FEE	
CLAIMS JOHNST AND HIGHEST										1 4		400)
AMENDMENT B	: -	REMAINING AFTER AMENDMENT		PREVIC PAID	DUSLY	PRESENT EXTRA	RA	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. (0	Minus	2	<u>D</u>	=	X\$	9=		OR	X\$18=	
	Independent	· 2	Minus	0	<u> </u>	-	X4	0=		OR	X80=	
	FIRST PRESE	NTATION OF MU	JLTIPLE DEP	ENDENT	CLAIM		+13	35=		OR	+270=	
YOYAL . ADDIT. FEE										OR	YOTAL ADDIT, FEE	
		AQUI.				ADDII. 1 EE						
AMENDMENT C	File of the services	(Column 1) CLAIMS REMAINING	-	(Colur HIGH NUM	EST	(Column 3) PRESENT			ADDI-			ADDI-
	rithing in	AFTER AMENDMENT	20 M	PREVIO		EXTRA	RA	TE	TIONAL FEE		RATE	TIONAL FEE
	Total	•	Minus	••		5	XS	9=		OR	X\$18=	
	Independent	•	Minus	•••		-	YA	0=			X80=	
٩	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						⊢ ~			OR	700=	
* If the entry in column 1 is less than the entry in column 2, write "O" in column 3.										OR	+270=	
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." **THE THIGHEST Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." **THE THIGHEST Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."											TOTAL ADDIT, FEE	
		mber Previously Pa					found in	the ap	opropriate bo	x in co	olumn 1.	

FORM PTO-875 (Rev. 8/00)

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